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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 66329/97406B= OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Colums 1) FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE BASIC FEE 345 690 OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = 21 x S 8 OR x \$ 18 18 (37 CFR 1.16(c)) INDEPENDENT CLAIMS 2 x 39 = 78 5 minus 3 = OR 156 (37 CFR 1.16(b)) 130 MULTIPLE DEPENDENT CLAIM PRESENT 260 OR 0 864.00 TOTAL OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Columa 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 2-1 Minus (37 CFR 1.16(cl) OR Independent Minus (37 CPR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE . AMENDMENT PAID FOR OR Total (37 CFR 1.16(e)) Minus = OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR ADDIT, FEE TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE MENDMENT PAID FOR OR \*\* Minus = OR Independent \*\*\* Minus OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(37 CFR 1.16(d))

OR

OR

TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.